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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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NAME OF (Check if name Example:If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. BUSTAMANTE FOR CONGRESS ADDRESS (number and street) (Check if address is changed) 78283 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) john@bustamanteforcongress.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.bustamanteforcongress.com (Check if address is changed) TWO TO A TOTAL DATE 24. 2011 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. *a* Maria Gonzalez Type or Print Name of Treasurer FBT 67 / FBT 477 08 2011 Signature of Treasurer Date incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. NOTE: Submission of false, ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use Toll Free 800-424-9530 (Revised 02/2009) Only

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